SERIAL NO. FILING DATE MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) 10/019785 CLAIMS AFTER AFTER
1st AMENDMENT 2nd AMENDMENT AS FILED IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. INE DEP Ĝ <u>. o</u> !1 :2 :3 ô. :7 :8 <u> 20</u> <u>)21</u> 25 26 <u>J3</u> 1.5 3 3 0 A. TOTAL IND. TOTAL DEP, 2 38 Jeins MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS VILL DEPARTMENT & COMMERCE